



COPING

'A newsletter from COPN'

November 12, 2010

Remember: You can live well with osteoporosis!

If you have received this newsletter from the Canadian Osteoporosis Patient Network
(COPN)

You are a COPN member

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Thought for Today –

“Pure and simple, any person who is enjoying life is a success.” – William Feather

This is the third in the series of COPING newsletters dedicated to the new 2010 Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis. Remember that copies of this and all previous newsletters are available on the COPN web-page at www.osteoporosis.ca.

**NOW THAT YOU KNOW YOUR RISK OF FRACTURE, IT'S TIME TO TAKE
APPROPRIATE ACTION**

A few years ago, diagnosing osteoporosis was all about getting a bone mineral density (BMD) test. BMD testing alone determined whether a person had osteoporosis, osteopenia or normal bone density.

In recent years, doctors around the world have come to realize that some people with osteoporosis do not suffer fractures while many who have osteopenia or even normal bone density can have all kinds of osteoporotic fractures. How can BMD testing be so wrong?

Actually, BMD measurement still remains a significant predictor of fracture risk, but it is no longer the only predictor. We have learned to use BMD in a much better way by combining it with other risk factors in new assessment tools such as FRAX and CAROC (these were discussed in the Oct 29th issue of COPING). By linking together all of the important risk factors (including BMD) in sophisticated computer software programs, the accuracy of predicting fracture risk has very much improved.

To explain this further, let's use an analogy. If a 60-year-old man has a completely normal cholesterol level, does that automatically mean that he is at low risk of having a heart attack? If you said yes, then you may be missing the boat completely. What if I now tell you that this 60-year-old man with normal cholesterol smokes 4 packs a day, has uncontrolled diabetes and everyone in his family died of a heart attack in their 60's? Now what do you think his odds of having a heart attack are?

That is what happens when we look at BMD testing *in isolation*. Now that we look at BMD testing *in combination* with other risk factors, we are much better able to assess a person's real risk of fracture. We cannot ignore other risk factors for fractures any more than we can ignore them for heart attacks.

Osteoporosis Canada has divided fracture risk into three categories: low, moderate and high. After the fracture risk category is determined, OC then recommends the most appropriate action to take.

LOW FRACTURE RISK:

When someone has less than a 10% risk of fracture over the next 10 years, he/she is considered to be at low risk of fracture.

Remember, even people with very good BMD are not at zero risk of fracture. A person at low risk of fracture has a greater than 90% chance of surviving the next 10 years without having a fracture, even without the benefit of any osteoporosis treatment.

If you are at low fracture risk, then there is no point in taking osteoporosis medication. For those at low risk of fracture, the typical recommendation is a repeat bone density test in 5-10 years, unless there is a very big change in general medical health. If that is the case, more frequent bone density testing might be recommended.

Those at low fracture risk should ensure they have regular exercise and a healthy diet with adequate intake of calcium and vitamin D, as these lifestyle measures have been shown to help keep bones healthy and strong. They should also avoid things that are harmful to bones such as smoking or having more than 2 alcoholic drinks a day on a regular basis.

MODERATE FRACTURE RISK:

When someone has a fracture risk between 10 and 20% over the next 10 years, he/she is considered to be at moderate risk of fracture.

These people are at slightly increased risk of fracture, but without taking an osteoporosis drug, they still have at least an 80% chance of being fracture-free over the next 10 years.

If you are at moderate risk of fracture, then your physician will look at other risk factors that may not be included in the FRAX or CAROC tools. For example, he or she may ask for an X-ray of your spine to determine whether there may be asymptomatic fractures in your back. If that is the case, your fracture risk assessment will increase to the high risk category.

Remember that regular exercise and a healthy diet with adequate intake of calcium and vitamin D are very important in this risk category as well. Again, smoking and drinking more than an average of 2 drinks of alcohol per day are also harmful to bones.

HIGH FRACTURE RISK:

When someone has a greater than 20% risk of fracture over the next 10 years, he/she is considered to be at high risk of fracture.

Statistics show that at least one out of 5 people in this group will end up with a fracture within the next 10 years – unless that fracture risk is decreased with osteoporosis medications.

You may be found to be at high fracture risk based on the FRAX or CAROC calculation tools. However, there are other situations where we know that you are at high risk even without doing a FRAX or CAROC calculation and even without doing a BMD test. For example, a person is at high risk of fracture if he or she is:

- over 50 and has had a fracture of the spine or hip, OR
- over 50, and has had two or more separate fragility fractures of any kind, OR
- over 50 and has had one fragility fracture and is taking glucocorticoids (such as Prednisone).

If you are at high risk of fracture, then there are very effective medications that will reduce your risk. Your doctor will likely recommend one of these medications for you. In addition to these, it is still very important that you do appropriate regular exercise and

take adequate amounts of calcium and vitamin D. If you are a smoker or drink more than 2 servings of alcohol daily (on average), it is equally important that you make the necessary lifestyle changes either on your own or with the help of your healthcare practitioner.

In 2010, a **comprehensive fracture risk assessment**, *not* the Bone Mineral Density test, is the key factor that helps doctors determine whether someone would benefit from osteoporosis drug treatment. In addition, fracture risk is never determined from bone density testing alone. It must be determined from a *combination* of BMD test results *and* other risk factors. Be sure to discuss this with your doctor to see where you fit in and what your fracture risk assessment works out to be.

PEARLS OF WISDOM NOW ON SALE

COPN members can now purchase Osteoporosis Canada's pearls & cards for 50% off their normal price. Perfect for holiday and teacher gifts!

- Pack of 8 iris cards (4 different photos, 2 cards of each) & envelopes: \$5.00 (*originally \$10*)
- White/copper/dark brown pearl bracelets: \$10.00 (*originally \$20*)
- Copper pearl earrings (stud, dangle): \$5.00 (*originally \$10*)
- White pearl earrings (stud, dangle, clip-on): \$5.00 (*originally \$10*)
- White pearl necklaces: \$15.00 (*originally \$30*)
- White pearl gift set (bracelet, necklace & earrings): \$25.00 (*originally \$50*)
- Blue pearl single strand necklace: \$10.00 (*originally \$20*)
- Blue pearl chandelier earrings: \$7.50 (*originally \$15*)

The stock of colour pearl items is very low, so act fast. Shipping and handling is extra and assessed on shipment size and location; this fee will be confirmed with you before any payment processing. Please contact Katherine Boyce at kboyce@osteoporosis.ca with questions or to order. Photos of the pearls are available at <http://www.osteoporosis.ca/pearls>

Please be aware that some items may sell out.

INCREASE YOUR TAX SAVINGS FROM EACH DOLLAR YOU GIVE

The end of the 2010 tax year is rapidly approaching. In this article Fred Goddard, a ten-year volunteer with **Osteoporosis Canada** and a current member of Osteoporosis Canada's Board of Directors talks about the many innovative ways to make your

charitable giving more tax effective and personally satisfying and at the same time enable you to make a larger gift than you ever thought possible.

“Through my involvement with Osteoporosis Canada I have seen the generosity and caring nature of people from all walks of life.

It is my belief that most people donate to charity primarily to support a cause that is important to them, with tax savings being a secondary objective.

I would like to explain how our tax system works with regard to charitable donations, and show you how you can increase the tax saving from each dollar you give, and thereby increase the value of your donation.

Tax Credit

The most important thing to understand is that when you make a donation to an eligible charity, you receive a non-refundable tax credit from the Federal Government based on a percentage of the donation made. The significance of a tax credit is that everyone one receives the same refund, no matter what their income level. The only stipulation is that you must have taxable income. If you do not earn enough income to pay income tax, then the tax credit is no good to you. That is what is meant by a “non-refundable” tax credit.

The amount of the refund from the Federal Government is 15% on the first \$200 donated and 29% on any amount over \$200. The provinces also provide tax credits, but each province has different rates.

There are two other important features of the tax deductibility to keep in mind. The first is that a married couple can combine their donations and have one of the individuals claim all of the donations. This would be advantageous if the combined total exceeded \$200.

The second feature is that you can carry forward your donations for up to five years before claiming the tax credit. This may be beneficial if you have years where you make a donation but have no taxable income.

But it could also benefit you if you are in the habit of making a small donation every year. Say, for example, you donate \$200 each year to charity and claim it on your tax return. In BC you would receive a tax refund of \$40 each year. However, if you hold off claiming the donations until the fifth year, and then claim your \$1,000 in donations (5 years @ \$200/year), then you would receive a tax refund of \$390 - almost double the \$200 that you would receive if you claimed the donation annually over that same period.

Donation of Securities

Another method for supporting your charity of choice, rather than with a simple cash donation, is to donate qualifying securities, such as stocks, bonds, or mutual funds.

The after tax advantage of donating securities directly, rather selling them and donating the cash can be significant for both the donor and the charity. The reason is that securities donated to charity are not subject to capital gains tax for the donor.

Life Insurance

You can further enhance the value of your charitable giving through the use of life insurance.

Instead of donating cash to a charity, consider using the money to buy a life insurance contract with the charity designated as owner and beneficiary of the policy. The life insurance premiums are considered charitable donations, and at the same time, you could be leaving a substantial legacy.

Fred Goddard

Happy Holidays!

With the holiday season fast approaching, we are all searching for that unique gift for a loved one or that hard-to-buy-for friend. Have you considered making a donation to Osteoporosis Canada in honour of that someone special? Osteoporosis Canada will send a card to the person on your behalf, acknowledging your gift, and you will receive a charitable tax receipt. If you wish to take advantage of this opportunity in time for the holiday season, please contact Katherine Boyce at kboyce@osteoporosis.ca or donate online using the donation form at osteoporosis.ca. Donations must be received by **December 5th** to ensure the arrival of the card before December 25th. Donations can be made after December 5th, but the cards may not arrive before the 25th.

UPCOMING VIRTUAL FORUMS

Register online TODAY! Space is limited.

BONE APPETIT: New Information on Calcium and Vitamin D

Wednesday, November 17, 2010

1:30 p.m. to 3:00 p.m. ET (Time zones listing below)

Nutrition and Osteoporosis Virtual Education Forum is Sponsored by Dairy Farmers of Canada

How to register:

1. <http://www.meetview.com/oc20101117>
2. Click on "Enter Webcast Lobby" at the top of the page
3. Enter your First Name, Last Name, Email Address and Postal Code
4. Click on "Register"

Time Zones

PT: 10.30 a.m. to 12:00 p.m.

MT: 11: 30 a.m. to 1:00 p.m.

CT: 12: 30 p.m. to 2:00 p.m.

ET: 1: 30 p.m. to 3:00 p.m.

AT: 2: 30 p.m. to 4:00 p.m.

**Osteoporosis Guidelines: What you and your health provider need to know
Wednesday, December 1, 2010**

1:00 p.m. to 2:00 p.m. ET (Time zones listing below)

How to register:

1. <http://www.meetview.com/oc20101201>
2. Click on “Enter Webcast Lobby” at the top of the page
3. Enter your First Name, Last Name, Email Address and Postal Code
4. Click on “Register”

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PT: 10.00 a.m. to 11:00 a.m.

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CT: 12: 00 p.m. to 1:00 p.m.

ET: 1: 00 p.m. to 2:00 p.m.

AT: 2: 00 p.m. to 3:00 p.m.

Funny bone –

My dog is so obedient

He does what he is bid.

The park bench said “Wet Paint”

And that’s exactly what he did!

Notices/references

i. Remember: It is important for you to eat a healthy diet, get some appropriate exercise, take your calcium and vitamin D and if your doctor has prescribed a medication, don’t forget to take it as directed.

ii. COPING will come to you every second Friday. We hope you enjoy it and find the information useful. Don’t forget to log on to www.osteoporosis.ca for up-to-date information.

iii. The material contained in this newsletter is provided for general information only. It should not be relied on to suggest a course of treatment for a particular individual or as a substitute for consultation with qualified health professionals who are familiar with

your individual medical needs. Should you have any healthcare-related questions or concerns, you should contact your physician. You should never disregard medical advice or delay in seeking it because of something you have read in this or any newsletter.

iv. To have your name removed from the COPN mailing list please contact us at the email below.

You must provide the first and last name for which you registered in order to be removed from this list.

[<cPatientNetwork@osteoporosis.ca>](mailto:cPatientNetwork@osteoporosis.ca)

COPING is sponsored by Dairy Farmers of Canada